

Make remittance payable to: **Kansas Department of Agriculture**

Records Center - Dairy

109 SW 9th Street

Topeka KS 66612-127

785-296-3787

APPLICATION FOR MILK HAULER LICENSE

For Period including **July 1,** _____ - **June 30,** _____

Registration Fee **\$35.00**

_____ New _____ Renewal _____ Hauler _____ Fieldman

Name _____

Address _____

City/State/Zip _____

Phone Number _____ County _____ Federal Tax ID/SS No _____

I haul for the following Bulk Tank Owner(s): _____

BULK TANK OWNERS ONLY: If **YOU ARE THE OWNER** of the bulk tank, please indicate the number of tanks, and provide serial numbers.

Bulk Tank Owner _____

Address _____

City _____ Phone # _____

Number of bulk tanks _____

Serial Numbers _____

Association Purchasing Milk: _____

PLEASE LIST THE COUNTIES WHERE YOU WILL PICK UP PRODUCER MILK:

WHERE THIS MILK IS NORMALLY DELIVERED? _____

(Name and city of plant, transfer or receiving station)

READ CAREFULLY BEFORE SIGNING

I am familiar with the State Dairy Law and the Rules & Regulations pertaining to my work and I herewith promise to perform this work accurately and honestly and in accordance with the requirements of the dairy laws of the State of Kansas.

Signature of Applicant

For Office Use Only

DBP _____ ID # _____ Last Train _____ Last Eval _____

Revised 07/09